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AMENDMENT NO. \_\_\_\_\_

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Signature of Sponsor

**AMEND Senate Bill No. 3114\***

**House Bill No. 3000**

By deleting in its entirety all the language following the enacting clause, and by substituting instead the following language:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 23 is amended by adding the following language as new, appropriately designated sections:

Section \_\_\_. No health insurance issuer may:

(1) Deny any licensed pharmacy or licensed pharmacist the right to participate as a participating provider in any policy, contract or plan on the same terms and conditions as are offered to any other provider of pharmacy services under the policy, contract or plan; provided, however, nothing herein shall prohibit a managed health insurance issuer from establishing rates or fees that may be higher in non-urban areas or in specific instances where a managed health insurance issuer determines it necessary to contract with a particular provider in order to meet network adequacy standards or patient care needs.

(2) Prevent any person who is a party to or beneficiary of any policy, contract or plan from selecting a licensed pharmacy of such person's choice to furnish the pharmaceutical services offered under any contract, policy or plan, provided the pharmacy is a participating provider under the same terms and conditions of the contract, policy or plan as those offered any other provider of pharmacy services;

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(3) Permit or mandate any difference in coverage or impose any different conditions, including co-payment fees, so long as the provider selected is a participant in the contract, policy or plan involved.

Section \_\_. Notwithstanding any provision of this chapter to the contrary, a health insurance issuer may restrict an abusive or heavy utilizer of pharmacy services to a single pharmacy provider for non-emergency services so long as the individual to be restricted has been afforded the opportunity to participate in the process of selection of the pharmacy to be used or has been given the right to change the pharmacy to be used to another participating provider of pharmacy services prior to such restriction becoming effective. After a restriction is effective, the individual so restricted shall have the right to change a pharmacy assignment based on geographic changes in residence or if the member's needs cannot be met by the currently assigned pharmacy provider.

Section \_\_. If a managed health insurance issuer revises its drug formulary to remove a drug from a previously approved formulary, the health insurance issuer shall allow a subscriber or enrollee an opportunity to file a grievance relative to the decision to remove such drug. The grievance must be filed within thirty (30) days after notification to the provider that the drug is being removed. If the grievance is filed with a

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managed health insurance issuer within ten (10) days after the notification, the subscriber or enrollee may continue to receive the drug that is being removed from the formulary until the managed health insurance issuer completes the grievance process. The provisions of this paragraph shall not apply to any drug removed from a previously approved formulary when the reason for such removal is due to patient care concerns or other potentially detrimental effects of the drug.

SECTION 2. This act shall take effect July 1, 1998, the public welfare requiring it.

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